

CALIFORNIA STUDENT AID COMMISSION

CAL GRANT OPERATIONS BRANCH
P.O. BOX 419028
RANCHO CORDOVA, CA 95741-9028
PHONE: (888) 224-7268
E-MAIL: studentsupport@csac.ca.gov



05/09/08

GALE R HAM
10777 WILSHIRE BLVD #10
LOS ANGELES CA 90024

CSAC ID:

UNIV OF CA - DAVIS

DEAR GALE R HAM

The California Student Aid Commission (Commission) has received your 2008-09 Free Application for Federal Student Aid. Upon review of the information you provided, the Commission determined that you meet the financial eligibility requirements to compete for a Cal Grant C award. **This does not mean an award has been granted.** You must now complete the enclosed Cal Grant C Supplement (Supplement) and **return it within 30 days of the date of this letter** in order for your application to receive further consideration. **A late submission will disqualify you for award consideration.**

Participation in Cal Grant C is limited to students who are either enrolled or planning to enroll in the Fall of 2008 in a recognized vocational/technical/occupational program of at least four months in length. Students directly pursuing a four-year degree, graduate study, course prerequisites or general education courses are not eligible.

Once the Commission receives your completed supplement and funding approval for the 2008-09 award year, it will be evaluated and your application will be considered for an award. Log on to <https://mygrantinfo.csac.ca.gov> and create your WebGrants for Students account. You can use this site to view your Cal Grant status.

We wish you success in this phase of the Cal Grant C selection process. We suggest you keep a photocopy of this completed form and obtain a U.S. Postal Service Certificate of Mailing as proof that the Supplement was mailed by the filing deadline.

IMPORTANT INSTRUCTIONS

Carefully complete questions 1 through 8 on the attached supplement. Then ask a teacher, counselor, school official, employer or other professional non-relative person to complete and sign question 9.

Please review the following list of occupational goals and transfer the number of your choice to the Cal Grant C Supplement in the space provided at question 5. If your occupational goal is not listed and you select 00, you must also write in the name of the occupation at question 5a.

- | | | |
|--------------------------------|-----------------------------------|------------------------------------|
| 1. Agriculturist (AA) | 13. Diesel Mechanic | 25. Nurse (LVN) |
| 2. Animal Health Technician | 14. Drafter | 26. Nurse (RN) |
| 3. Auto Mechanic | 15. Educational Aide | 27. Occupational Therapy Assistant |
| 4. Bookkeeper/Accountant | 16. Electronics Technician | 28. Psychological Technician |
| 5. Clerical/Receptionist | 17. Fashion Merchandiser/Designer | 29. Physical Therapy Assistant |
| 6. Commercial Artist | 18. Firefighter | 30. Radiological Technician |
| 7. Computer Science Technician | 19. Food Service Worker | 31. Recreation Worker |
| 8. Correctional Worker | 20. Forestry Aide | 32. Respiratory Therapy Assistant |
| 9. Cosmetologist | 21. Laboratory Technician | 33. Secretary |
| 10. Court Reporter | 22. Law Enforcement Worker | 34. Social Service Aide |
| 11. Dental Assistant | 23. Medical Assistant | 35. Surgical Technician |
| 12. Dental Hygienist | 24. Musician | 36. Welder |
| | | 00. All others |